

Yale Medicine

Yale NewHaven Health Yale New Haven Children's Hospital

## THURSDAY, May 16, 2019 Westport Inn 1595 Post Road E, Westport, CT

## **APPLICATION FOR EXHIBITORS, SPONSORSHIPS**

Company:		
Contact Person:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
Email:		_
Name for Badge:		
Please check appropriate s	election:	
EXHIBITOR:		
Company/Organ	zation (\$500.00)	
Non-Profit Orgai	nization (\$300.00)	
SPECIAL RECOGNITION EVENT AS WELL AS IN		IRING SPONSORSHIP OF PACKET.
GENERAL INFORMATI	ON:	
All exhibit spaces are 6 f	oot tables with two cha	irs. Set up is May 16 at 7:00
a.m. Included in booth for	ee is Continental Break	fast, Coffee Break, Lunch for
one member of your staf	f.	
DEADLINE TO REGIST PAY BY CHECK: Please Foundation For Children - 1	make checks payable to:	Т 06106,
□PAY BY CREDIT CARD (	CLICK HERE) or email Yve	tte at Yvette.ctaap@gmail.com